M & C General Insurance Company Ltd. Head Office: 9-11 Bridge Street, P. O. Box 99, Castries St. Lucia, W.I.

Telephone No. 458-8210/33

Fax No. 458-8259

Catastrophe Claim Form

Insured:				
AN ANSWER MUST BE GIVEN TO EACH OF THE FOLLOWING QUESTIONS Loss Location: (with directions) Were the premises occupied at the time of the loss? If not, when were they last occupied? What were the premises being used for? Are you the sole owner of the property? If not, give particulars of other interest Are there any other insurances on the property whether effected by you or anyone else? YES N If yes, give full particulars Give brief description of damage: FOR OFFICIAL USE ONLY Catastrophe Code: AGENT/BROKER: Date FOR OFFICIAL USE ONLY Catastrophe Code: AGENT/BROKER: DATE REPORTED: AVERAGE APPL.: YES NO TREATY CODE: PREMIUM PAID: YES NO TREATY CODE: SUM INSURANCE PREMIUM PAID: YES NO EXCESS SUM INSURED: SPECIFIED ITEMS: CO-INSURERS PPN. FAC. REINSURERS # & G GENERAL INSURANCE CO. LTD.				
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